

## 90 DAY REVIEW CHECKLIST FOR SOCIAL WORKERS, STAFFED RESIDENTIAL FACILITIES AND GROUP CARE FACILITIES

CHILD'S NAME	FACILITY NAME	DATE OF VISIT		
		Yes	No	N/A
1. a. The child's log and medication record is available in the house. Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
b. Medication for the last month was administered and documented as directed. Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
2. Seizures are logged.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How many staff in the house at the time of the visit? _____				
4. Does this match the number approved on the staff schedule? (NA for group care)		<input type="checkbox"/>	<input type="checkbox"/>	
5. Is staff aware of client's name and most important needs?		<input type="checkbox"/>	<input type="checkbox"/>	
6. Plan of Care is present?		<input type="checkbox"/>	<input type="checkbox"/>	
7. Incident reports for child for last 90 days reviewed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Positive Behavior Support Plan is present?		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Approvals are present for restrictive procedures		<input type="checkbox"/> Plan needs review		
<input type="checkbox"/> Referral made		<input type="checkbox"/> No plan needed.		
9. Program has submitted quarterly report as required in contract? Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
10. Attends school all day? Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
11. IEP present?		<input type="checkbox"/>	<input type="checkbox"/>	
12. Recreation/community activities log present? Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
13. Child's appearance. Comments:				
14. Condition of child's room:				
<input type="checkbox"/> Clean - Comments:				
<input type="checkbox"/> Personalized		<input type="checkbox"/> Locks Present -	<input type="checkbox"/> Approval	<input type="checkbox"/> Alarms Present - <input type="checkbox"/> Approval
<input type="checkbox"/> Odors Present - Comments:				
15. Any hazardous situations noted? If yes, date reported to licensor _____.		<input type="checkbox"/>	<input type="checkbox"/>	
16. Parent visiting schedule/shared parenting plan update? Comments:		<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL WORKER'S NAME		DATE OF VISIT		